

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:10

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Maternal, Child and Family Health Services (MCFHS)

Division/Unit: Child Health and Disability Prevention (CHDP) Program

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	Hours	x	\$17.19	=	
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Types of work performed by GENERAL VOLUNTEERS in this category:

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	Hours	x	\$17.19	=	
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
Physician - Dr. Butcher	1 hour	X	\$ 120.00	=	\$ 120.00
Physician - Dr. Cohen	1 hour	X	\$ 120.00	=	\$ 120.00
Physician - Dr. Miller	1 hour	X	\$ 120.00	=	\$ 120.00
Physician - Dr. Walls	1 hour	X	\$ 120.00	=	\$ 120.00
PA - Lara Hortensia	1 hour	X	\$ 20.00	=	\$ 20.00
CPNP - Renee McLeod	1 hour	X	\$ 35.00	=	\$ 35.00

No. Vol.	6	Total Hours	6	Total Value	\$ 535.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Volunteers are part of the CHDP Advisory Board. The CHDP Advisory Board meets on an as needed basis to review and make recommendations on such items as CHDP provider standards and provider de-certifications.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: _____	_____	\$	
2b: _____	_____	\$	
2c: _____	_____	\$	

TOTALS: _____ \$ _____

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ _____

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours _____ x Rate \$ _____ = **\$** _____

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours _____ x Rate \$ _____ =

\$ _____

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

= \$ _____

d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ _____

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$

ADD a + b \$

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ _____)

TOTAL PROGRAM BENEFIT \$

6. **RECRUITING:**

Please describe your recruiting programs:

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

CHDP Advisory Board meeting was called on October 30, 2003 by San Diego County CHDP Program Medical Director, Dr. Amethyst Cureg. The purpose of the meeting was to seek direction from the CHDP Advisory Board regarding a CHDP provider. The CHDP Advisory Board volunteers participated in discussing, reviewing, and making recommendation on a provider de-certification.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

9. **GENERAL INFORMATION:**

Name of Person Completing Report:

Phone Number: _____ Mail Stop _____ E-Mail _____

Volunteer Coordinator:

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**

Nancy L Bowen MD
DEPARTMENT HEAD SIGNATURE

7/9/04
DATE